

UTILITY PATENT APPLICATION TRANSMITTAL

☐ DUPLICATE

Address to: Box PATENT APPLICATION Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Attorney Docket No.</td> <td>LINH3017/EM</td> </tr> <tr> <td>First Named Inventor (or identifier)</td> <td>Hung-Chin LIN</td> </tr> <tr> <td>Total Pages</td> <td>20</td> </tr> </table>	Attorney Docket No.	LINH3017/EM	First Named Inventor (or identifier)	Hung-Chin LIN	Total Pages	20
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03945 U.S. PTO
 10/660/14



Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled:	Buckle Assembly For Mounting Goggle On Helmet
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- ☒ 1. Submitted herewith are the following:
- 9 pages of specification, including claims and Abstract.
 - 4 sheets of FORMAL drawings (Figs. 1-7).
 - 10 claims.
 - 1 Oath/Declaration signed by each inventor.
 - 1 Application Data Sheet.
 - 1 Assignment of the invention to Lifestyle Metal Co., Ltd., Changhua, Taiwan, R.O.C., Cover Sheet, and payment of the \$40 recordal fee.
 - 1 check in the amount of \$415 (\$375- Filing Fee; \$40- Assignment Recordation Fee).
- ☒ 2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.
- ☒ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.
- ☐ 4. Insert before the first sentence of the specification: - - This application claims the benefit of provisional application number _____ filed _____. - -
- ☐ 5. Insert before the first sentence of the specification: - - This application is a Continuation-in-part of nonprovisional application number _____ filed _____. - -
- ☐ 6. Other: _____

The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.

THE FILING FEE IS CALCULATED AS FOLLOWS:				Basic Fee:	\$750.00
Total Claims:	10	- 20 =	0	X \$18 =	\$0.00
Independent Claims:	1	- 3 =	0	X \$84 =	\$0.00
Correspondence Address: BACON & THOMAS, PLLC 625 Slaters Lane, 4 th Floor Alexandria, VA 22314-1176				Multiple Dependent Claim (add \$280.00):	\$0.00
				Subtotal:	\$750.00
				50% Reduction if Small Entity Status:	\$375.00
Phone: 703-683-0500 Fax: 703-683-1080				Total:	\$375.00
Date:		Name:		Signature:	Reg. No.
September 12, 2003		Richard E. Fichter		<i>Richard E Fichter</i>	26,382